Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Susan First name M. Middle name Rigney Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3507 | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 2 of 51 Case number (if known)

Debtor 1 Susan M. Rigney

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 35775 North Wilson Road | If Debtor 2 lives at a different address: |
| | | Ingleside, IL 60041 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Lake | |
| | | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 3 of 51

Case number (if known) Debtor 1 Susan M. Rigney

| ⊃ar | t 2: Tell the Court About | Your B | ankruptcy Ca | ise | | | |
|-----|--|--------|----------------------------------|-------------------------------------|---|---|-----|
| 7. | The chapter of the Bankruptcy Code you are | | | | n of each, see <i>Notice Required by</i> of page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | |
| | choosing to file under | ■ Cl | hapter 7 | | | | |
| | | □ Cl | hapter 11 | | | | |
| | | ☐ CI | hapter 12 | | | | |
| | | □ Cl | hapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | _ | about how yo | ou may pay. Ty attorney is sub | pically, if you are paying the fee yo | k with the clerk's office in your local court for more detai surself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check wi | еу |
| | | | | | stallments. If you choose this option to (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | / |
| | | | but is not req applies to you | uired to, waive ur family size a | your fee, and may do so only if yound you are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a judge may ur income is less than 150% of the official poverty line to in installments). If you choose this option, you must fill out tial Form 103B) and file it with your petition. | hat |
| | | | ше Аррисаис | on to have the | Chapter 7 Filling Fee Walved (Office | aar Form 1036) and me it with your petition. | |
|). | Have you filed for bankruptcy within the | ■ No | | | | | |
| | last 8 years? | ☐ Ye | | | ••• | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No |) | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to I | ine 12. | | | |
| | | ☐ Ye | s. Has yo | our landlord ob | tained an eviction judgment agains | t you and do you want to stay in your residence? | |
| | | | | No. Go to line | e 12. | | |
| | | | | Yes. Fill out I | | Judgment Against You (Form 101A) and file it with this | |

| S - I- (| 4 | Case 16-2 | 21321 | Doc 1 | Filed 06/30/16 Document | Entered 06/30/16 15:41:10 Page 4 of 51 | Desc Main |
|----------|-----------------------|---|------------|-----------------------------|---|--|------------------------------------|
| Debt | or 1 | Susan M. Rigney | | | | Case number (if known) | |
| Part | 3: | Report About Any Bu | sinesses Y | ou Own as | s a Sole Proprietor | | |
| | of an | you a sole proprietor ny full- or part-time ness? | ■ No. | Go to Pa | art 4. | | |
| | | | ☐ Yes. | Name ar | nd location of business | | |
| | A sol | e proprietorship is a | | | | | |
| | an in sepa as a | ness you operate as dividual, and is not a rate legal entity such corporation, nership, or LLC. | | | business, if any | | |
| | sole | have more than one proprietorship, use a rate sheet and attach | | Number, | Street, City, State & ZIP | Code | |
| | it to t | his petition. | | | ne appropriate box to des | | |
| | | | | _ | • | defined in 11 U.S.C. § 101(27A)) | |
| | | | | | Single Asset Real Estate (| as defined in 11 U.S.C. § 101(51B)) | |
| | | | | | Stockbroker (as defined in | ı 11 U.S.C. § 101(53A)) | |
| | | | | | Commodity Broker (as def | fined in 11 U.S.C. § 101(6)) | |
| | | | | | lone of the above | | |
| | Chap Bank | you filing under oter 11 of the kruptcy Code and are a small business or? | deadlines. | If you indic , cash-flow | cate that you are a small lestatement, and federal in | ust know whether you are a small business de business debtor, you must attach your most re acome tax return or if any of these documents | ecent balance sheet, statement of |
| | | definition of small | ■ No. | I am not | filing under Chapter 11. | | |
| | | ness debtor, see 11 C. § 101(51D). | □ No. | I am filin | g under Chapter 11, but I | am NOT a small business debtor according t | o the definition in the Bankruptcy |
| | | | ☐ Yes. | I am filin | g under Chapter 11 and I | am a small business debtor according to the | definition in the Bankruptcy Code. |
| Part | 4: | Report if You Own or | Have Any I | Hazardous | Property or Any Prope | rty That Needs Immediate Attention | |
| 4. | | ou own or have any erty that poses or is | ■ No. | | | | |

alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 5 of 51

Debtor 1 Susan M. Rigney

M. Rigney Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 51 Case number (if known) Susan M. Rigney Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Susan M. Rigney Signature of Debtor 2 Susan M. Rigney Signature of Debtor 1 Executed on June 30, 2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 7 of 51

Debtor 1 Susan M. Rigney Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James T. Magee | Date | June 30, 2016 |
|--|---------------|---------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| James T. Magee | | |
| Printed name | | |
| Magee Hartman, P.C. | | |
| 444 North Cedar Lake Road | | |
| Round Lake, IL 60073 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (847) 546-0055 | Email address | bk@mageehartman.com |
| 1729446 | | |
| Bar number & State | | |

| | | Docum | ent Page 8 of 5 | 1 | |
|------------------------|--------------------------|-------------------|-----------------|---|-----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Susan M. Rigney | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Do | t1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------------|
| Pal | Summarize four Assets | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,270.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,270.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,066.00 |
| | Your total liabilities | \$ | 19,066.00 |
| Pai | t 3: Summarize Your Income and Expenses | | · |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,593.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,903.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Page 9 of 51 Case number (if known) Debtor 1 Susan M. Rigney

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,750.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Cc | 36 10-21321 DC | Documei | | 13.41.10 | esc Main |
|-----------------------|---|-----------------------------|---|------------------------|--|
| Fill in this inform | mation to identify your cas | | | | |
| Debtor 1 | Susan M. Rigney | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: N | ORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number _ | | | | | Check if this is an amended filing |
| Official Fo | orm 106A/B | | | | |
| | e A/B: Prope | rty | | | 12/15 |
| think it fits best. B | Be as complete and accurate a re space is needed, attach a s | as possible. If two married | nce. If an asset fits in more than one c I people are filing together, both are ed I. On the top of any additional pages, v | qually responsible for | supplying correct |
| Part 1: Describe | Each Residence, Building, La | and, or Other Real Estate | You Own or Have an Interest In | | |
| 1. Do you own or h | have any legal or equitable in | terest in any residence, b | uilding, land, or similar property? | | |
| No. Go to Par | rt 2. | | | | |
| Yes. Where i | s the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | | | icles, whether they are registered le G: Executory Contracts and Unex | | vehicles you own that |
| 3. Cars, vans, tr | ucks, tractors, sport utility | y vehicles, motorcycle | s | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | al vehicles, other vehicles, and ac sels, snowmobiles, motorcycle acces | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | tries from Part 2, including any en | | \$0.00 |
| .pagoo you no | | | | | |
| | Your Personal and Househo have any legal or equitabl | | following items? | | Current value of the |
| Do you own or i | nave any legal of equitable | e interest in any or the | Tollowing items: | | portion you own? Do not deduct secured claims or exemptions. |
| | oods and furnishings ajor appliances, furniture, lin | iens, china, kitchenware | | | |
| Yes. Desc | ribe | | | | |
| | Chairs and L | _ivingroom Furniture | e | | \$300.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

Bedroom Set, Kitchen Utensils and Microwave

\$250.00

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Page 11 of 51
Case number (if known) Document Debtor 1 Susan M. Rigney 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Wearing Apparel \$400.00 Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... Jewelry \$250.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,200.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Page 12 of 51
Case number (if known) Document Debtor 1 Susan M. Rigney 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No ■ Yes..... 17.1. Checking #1173 **Bank of America** \$70.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

No

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Document Page 13 of 51 . Case number *(if known)* Debtor 1 Susan M. Rigney Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim........ 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$70.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Page 14 of 51
Case number (if known) Document Debtor 1 Susan M. Rigney

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,200.00 Part 4: Total financial assets, line 36 \$70.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$1,270.00 Copy personal property total \$1,270.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$1,270.00

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this information to identify your case: |
|---|
| Debtor 1 Susan M. Rigney |
| First Name Middle Name Last Name |
| Debtor 2 |
| (Spouse if, filing) First Name Middle Name Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |
| Case number |
| (if known) |
| |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exem | ptions are | you claiming? | Check one only | , even if | your spouse is | filing with | vou. |
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
|--|---|-----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| Chairs and Livingroom Furniture Line from Schedule A/B: 6.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) | |
| Line Holli Schedule A/D. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Bedroom Set, Kitchen Utensils and Microwave | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Wearing Apparel Line from Schedule A/B: 11.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) | |
| Elle Holl Genedale 742. TTT | | | 100% of fair market value, up to any applicable statutory limit | | |
| Jewelry Line from Schedule A/B: 12.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) | |
| Line Holli Goredale Adb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Checking #1173: Bank of America | \$70.00 | | \$70.00 | 735 ILCS 5/12-1001(b) | |
| Line from Generale A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | | | | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main

Debtor 1 Susan M. Rigney

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| | | I A A A A II I I I | 111 11111111111111111111111111111111111 | |
|---------------------|--------------------------|--------------------|---|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Susan M. Rigney | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | 000 10 21021 2 | Document | Page 18 of 51 | COO MAIN |
|--------------------------------------|--|---|---|--|
| Fill in this infor | rmation to identify your o | | | |
| Debtor 1 | Susan M. Rigney | | | |
| Dobtor ! | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT OF II | LLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Official For | m 106F/F | | | |
| | | ho Have Unsecured | 1 Claims | 12/15 |
| | | | ITY claims and Part 2 for creditors with NONPRIORITY | |
| Schedule G: Exec Schedule D: Cred | utory Contracts and Unexpi itors Who Have Claims Secu entinuation Page to this pag | ired Leases (Official Form 106G). ured by Property. If more space is | list executory contracts on Schedule A/B: Property (O Do not include any creditors with partially secured class needed, copy the Part you need, fill it out, number the eport in a Part, do not file that Part. On the top of any a | ims that are listed in entries in the boxes on the |
| Part 1: List / | All of Your PRIORITY Un | secured Claims | | |
| 1. Do any credi | tors have priority unsecured | d claims against you? | | |
| No. Go to | Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List / | All of Your NONPRIORIT | Y Unsecured Claims | | |
| 3. Do any credi | tors have nonpriority unsec | ured claims against you? | | |
| ☐ No. You h | ave nothing to report in this pa | art. Submit this form to the court wit | h your other schedules. | |
| Yes. | | | | |
| unsecured cla | im, list the creditor separately | for each claim. For each claim liste | the creditor who holds each claim. If a creditor has more ed, identify what type of claim it is. Do not list claims already a have more than three nonpriority unsecured claims fill out | y included in Part 1. If more |
| | | | | Total claim |
| | Siegel, M.D. | Last 4 digits of ac | count number | \$200.00 |
| 1 Sout | ity Creditor's Name h Greenleaf Street e, IL 60031 | When was the del | bt incurred? | |
| | Street City State Zlp Code | As of the date you | I file, the claim is: Check all that apply | |
| Who inc | urred the debt? Check one. | | | |
| Debto | or 1 only | ☐ Contingent | | |
| ☐ Debto | or 2 only | ☐ Unliquidated | | |
| ☐ Debto | or 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At lea | ast one of the debtors and and | ther Type of NONPRIO | PRITY unsecured claim: | |
| | k if this claim is for a comm | | | |
| debt | aim subject to offset? | Obligations aris | ing out of a separation agreement or divorce that you did r | not |
| ■ No | a Judgoot to offsott | | on or profit-sharing plans, and other similar debts | |
| ☐ Yes | | ' | Balance on Account | |
| — 165 | | Otner. Specify | =alalioo oli Aoooulit | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 19 of 51

Debtor 1 Susan M. Rigney Case number (if know) 4.2 \$889.00 ACL, Inc. Last 4 digits of account number Nonpriority Creditor's Name c/o Falls Collection Service When was the debt incurred? P. O. Box 668 Germantown, WI 53022 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Balance on Accounts ☐ Yes 4.3 **Advocate Condell Medical Center** Last 4 digits of account number \$1,500.00 Nonpriority Creditor's Name When was the debt incurred? 801 South Milwaukee Avenue Libertyville, IL 60048 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.4 \$200.00 Allergy & Asthma Consultants Last 4 digits of account number Nonpriority Creditor's Name 36100 North Brookside Drive, #203 When was the debt incurred? Gurnee, IL 60031 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 20 of 51

Debtor 1 Susan M. Rigney Case number (if know) 4.5 \$6,969.00 **Chase Auto Finance** Last 4 digits of account number 1726 Nonpriority Creditor's Name **National Bankruptcy Dept** When was the debt incurred? P. O. Box 29506 Phoenix, AZ 85038 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Repossessed Vehicle ☐ Yes 4.6 Check N' Go Last 4 digits of account number \$1,400.00 Nonpriority Creditor's Name When was the debt incurred? 524 East Rollins Road Round Lake Beach, IL 60073 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.7 **Childrens Hospital of Wisconsin** Last 4 digits of account number \$200.00 Nonpriority Creditor's Name When was the debt incurred? 8915 West Connell Court Milwaukee, WI 53226 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 21 of 51
Case number (if know)

| DCDIO | Jusan W. Righey | Odac Humber (II know) | |
|-------|--|--|--|
| 4.8 | Childrens Urology Health Part | Last 4 digits of account number 5354 | \$58.00 |
| | Nonpriority Creditor's Name c/o Merchants Credit 223 West Jackson Blvd., #700 Chicago, IL 60606 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Balance on Account | |
| 4.9 | College of Lake County | Last 4 digits of account number | \$800.00 |
| | Nonpriority Creditor's Name 19351 West Washington Street Grayslake, IL 60030 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Balance on Account | |
| 4.1 | | | * • • • • • • • • • • • • • • • • • • • |
| 0 | ComEd Nonpriority Creditor's Name | Last 4 digits of account number | \$450.00 |
| | 2100 Swift Drive | When was the debt incurred? | |
| | Oak Brook, IL 60523 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other Specify Balance on Account | |
| | - 103 | - Other Specity Datable on Account | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 22 of 51

| Susan M. Rigney | Case number (if know) | |
|---|---|----------|
| First Premier Bank | Last 4 digits of account number 4492 | \$500.00 |
| Nonpriority Creditor's Name 601 S. Minneapolis Avenue | When was the debt incurred? | |
| Sioux Falls, SD 57104 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | ■ Other. Specify Balance on Account | |
| Global Medical Imaging S.C. | Last 4 digits of account number 21Q1 | \$27.00 |
| Nonpriority Creditor's Name | | <u> </u> |
| c/o Certified Services, Inc. P. O. Box 177 | When was the debt incurred? | |
| Waukegan, IL 60079 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is. One on an that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Balance on Account | |
| Grayslake Emergency Center | Last 4 digits of account number | \$200.00 |
| Nonpriority Creditor's Name 1475 East Belvidere Road | When was the debt incurred? | <u> </u> |
| Grayslake, IL 60030 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the dam is. Oneok an that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Balance on Account | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 23 of 51

Debtor 1 Susan M. Rigney Case number (if know) 4.1 \$500.00 **Illinois Lending Corporation** Last 4 digits of account number 4 Nonpriority Creditor's Name 813 East Rollins Road When was the debt incurred? Round Lake Beach, IL 60073 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.1 **Lake County Acute Care** \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4350 Fowler Street, #15 Fort Myers, FL 33901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes 4.1 Lake Forest Hospital \$1.500.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 1475 East Belvidere Road When was the debt incurred? Grayslake, IL 60030 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance on Account ☐ Yes

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 24 of 51

| Susan M. Rigney | Case number (if know) | |
|--|--|------------|
| New Berlin Pulmonary Clinic | Last 4 digits of account number | \$200.00 |
| Nonpriority Creditor's Name 4855 South Moorland Road | When was the debt incurred? | |
| New Berlin, WI 53151 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Balance on Account | |
| Northwestern Medicine | Last 4 digits of account number | \$200.00 |
| Nonpriority Creditor's Name | | |
| 28155 Network Place Chicago, IL 60673 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Balance on Account | |
| T-Mobile | Last 4 digits of account number | \$1,300.00 |
| Nonpriority Creditor's Name | | · • |
| Bankruptcy Team | When was the debt incurred? | |
| P. O. Box 53410 Bellevue, WA 98015 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Balance on Account | |
| | | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Page 25 of 51
Case number (if know) Document Debtor 1 Susan M. Rigney

| 1324 N Wauke | rity Creditor's Name | | | | | - | | |
|--|---|---|--|---|--------------------------------------|--|-----------------------------|--|
| | lorth Sheridan Road egan, IL 60085 | When was the debt incurred? | | | | | | |
| Number S | Street City State Zlp Code | As of the date you file, the claim | is: Check | all that apply | 1 | | | |
| Who inc | curred the debt? Check one. | | | | | | | |
| Debto | or 1 only | ☐ Contingent | | | | | | |
| ☐ Debto | or 2 only | ☐ Unliquidated | | | | | | |
| ☐ Debto | or 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| ☐ At lea | ast one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| ☐ Chec | ck if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the cla | aim subject to offset? | Obligations arising out of a sep report as priority claims | aration ag | reement or di | vorce that you di | id not | | |
| No | | Debts to pension or profit-shari | ng plans, | and other sim | ilar debts | | | |
| ☐ Yes | | ■ Other. Specify Balance of | Acco | unt | | | | |
| Waste | Management Retail | Last 4 digits of account number | 0493 | | | | \$27 | |
| • | ity Creditor's Name | When was the debt in summer 10 | | | | | | |
| | ceivable Mgmt Serv mery Street | When was the debt incurred? | | | | | | |
| | hem, PA 18015 | | | | | | | |
| Number 9 | Street City State Zlp Code | As of the date you file, the claim | is: Check | all that apply | 1 | | | |
| Who inc | curred the debt? Check one. | | | | | | | |
| Debto | or 1 only | ☐ Contingent | ☐ Contingent | | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | ☐ Unliquidated | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | | |
| | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | ck if this claim is for a community | ☐ Student loans | | | | | | |
| debt | aim subject to offset? | Obligations arising out of a sep | aration ag | reement or di | vorce that you di | id not | | |
| | ann subject to onset? | report as priority claims Debts to pension or profit-shari | na plana | and other aim | ilar dahta | | | |
| N.I. | | - Debits to belision of broth-shall | • | | และ นธมเอ | | | |
| ■ No | | - Dalawas a | | | | | | |
| ☐ Yes | Others to Be Notified About a De | ■ Other. Specify Balance of the Detailed Balance of t | Acco | unt | | | | |
| List Cois page on go to colle nore than ad for any Add to the amounts | only if you have others to be notified a lect from you for a debt you owe to so n one creditor for any of the debts that y debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U | bt That You Already Listed about your bankruptcy, for a debt that become one else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page. | you alrea n Parts 1 itional cr | dy listed in F or 2, then lis editors here. | t the collection If you do not ha | agency here. ave additional | Similarly, in | |
| List Cois page on go to colle nore than ad for any Add to the amounts | only if you have others to be notified a lect from you for a debt you owe to so n one creditor for any of the debts that of debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U | bt That You Already Listed about your bankruptcy, for a debt that be one else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page. | you alrea n Parts 1 itional cr | dy listed in F or 2, then lis editors here. | t the collection If you do not ha | agency here. ave additional | Similarly, if | |
| List Cos page of the collection of the collectio | only if you have others to be notified a lect from you for a debt you owe to so n one creditor for any of the debts that of debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U | bt That You Already Listed about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page. nsecured Claim ims. This information is for statistical | you alrea n Parts 1 itional cr | dy listed in F or 2, then lis editors here. | t the collection If you do not ha | agency here. ave additional | Similarly, it persons to | |
| List Cois page o ong to collonore than d for any Add the amount of unsecurity of the collonore than the amount of unsecurity of the collonore than the amount of unsecurity of the collonore than the coll | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts they debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of Units of certain types of unsecured claim. | bt That You Already Listed about your bankruptcy, for a debt that be b | you alrea n Parts 1 itional cr | dy listed in F or 2, then lis editors here. purposes or | t the collection If you do not ha | agency here. ave additional | Similarly, if | |
| List Cois page or ong to collonore than d for any Add to the amount of unsecurity or the collonore than the amount of unsecurity or the collonore than the collonore | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of Units of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt | bt That You Already Listed about your bankruptcy, for a debt that be b | you alrea n Parts 1 itional cr reporting 6a. | dy listed in F or 2, then lis editors here. purposes or | t the collection If you do not ha | agency here. ave additional 59. Add the a | Similarly, it persons to | |
| List Consider the Add to the amount of unsecurious for all thins. | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of Units of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt 6c. Claims for death or personal | bt That You Already Listed about your bankruptcy, for a debt that about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page. nsecured Claim ims. This information is for statistical s | you alrea n Parts 1 itional cr reporting 6a. 6b. | dy listed in F or 2, then lis editors here. purposes or \$\$ | t the collection If you do not ha | agency here. ave additional 59. Add the a 0.00 | Similarly, it persons to | |
| List Cois page or ong to collonore than d for any Add to the amount of unsecurity or the collonore than the amount of unsecurity or the collonore than the collonore | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of Units of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt 6c. Claims for death or personal | bt That You Already Listed about your bankruptcy, for a debt that omeone else, list the original creditor is at you listed in Parts 1 or 2, list the add or submit this page. Insecured Claim Ims. This information is for statistical secured claims. Write that amount here. | you alrea n Parts 1 itional cr reporting 6a. 6b. 6c. | dy listed in F or 2, then list editors here. purposes or \$ \$ \$ \$ \$ | t the collection If you do not ha | agency here. ave additional 59. Add the are 0.00 0.00 0.00 | Similarly, if persons to | |
| List Cois page on the college of the | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U ants of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt 6c. Claims for death or personal 6d. Other. Add all other priority un | bt That You Already Listed about your bankruptcy, for a debt that omeone else, list the original creditor is at you listed in Parts 1 or 2, list the add or submit this page. Insecured Claim Ims. This information is for statistical secured claims. Write that amount here. | you alrea n Parts 1 itional cr reporting 6a. 6b. 6c. 6d. | dy listed in For 2, then liseditors here. | t the collection If you do not ha | 99. Add the at 0.00 0.00 0.00 0.00 | Similarly, if persons to | |
| List Cois page of any to collaborate than d for any Add to the amount of unsecurity and the amount of the amount o | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U ants of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt 6c. Claims for death or personal 6d. Other. Add all other priority un | bt That You Already Listed about your bankruptcy, for a debt that omeone else, list the original creditor is at you listed in Parts 1 or 2, list the add or submit this page. Insecured Claim Ims. This information is for statistical secured claims. Write that amount here. | you alrea n Parts 1 itional cr reporting 6a. 6b. 6c. 6d. | dy listed in For 2, then liseditors here. | t the collection If you do not ha | 99. Add the at 0.00 0.00 0.00 0.00 | Similarly, if persons to | |
| List Cois page o ong to collonore than d for any Add the amount of unsecurity of the collonore than the amount of unsecurity of the collonore than the amount of unsecurity of the collonore than the coll | only if you have others to be notified a lect from you for a debt you owe to so none creditor for any of the debts that debts in Parts 1 or 2, do not fill out of the Amounts for Each Type of U ants of certain types of unsecured claim. 6a. Domestic support obligation 6b. Taxes and certain other debt 6c. Claims for death or personal 6d. Other. Add all other priority un 6e. Total Priority. Add lines 6a the | bt That You Already Listed about your bankruptcy, for a debt that omeone else, list the original creditor is at you listed in Parts 1 or 2, list the add or submit this page. Insecured Claim Ims. This information is for statistical secured claims. Write that amount here. | you alrean Parts 1 itional creporting 6a. 6b. 6c. 6d. | dy listed in For 2, then listed it is editors here. | t the collection If you do not ha | 9.00 0.00 0.00 0.00 | Similarly, if persons to | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 26 of 51

Debtor 1 Susan M. Rigney Document Page 26 of 51 Case number (if know)

n. Debts to pension or profit-sharing plans, and other similar debts
Other. Add all other nonpriority unsecured claims. Write that amount here.

19,066.00

Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

| | | 17(7(4)1111) | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Susan M. Rigney | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | J., | | State | | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 28 of 51

| | | 1706.111116 | III Paue zo t | 11.51 | |
|---|--|---|--|--|--|
| Fill in this in | formation to identify your | | | | |
| Debtor 1 | Susan M. Rigney | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILL INOIS | | |
| Office Otates | Bankruptcy Court for the. | - NORTHERN BIOTHOT | OT ILLINOIS | | |
| Case numbe (if known) | r | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official I | Form 106H | | | | |
| | | obtoro | | | 4044 |
| Scheau | lle H: Your Cod | eptors | | | 12/15 |
| ■ No □ Yes 2. Withir Arizona, ■ No. G □ Yes. □ 3. In Columin line 2 | again as a codebtor only if | lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | operty state or territor erto Rico, Texas, Washi with you at the time? spouse as a codebtor tor or cosigner. Make | y? (Community property staington, and Wisconsin.) if your spouse is filing wisure you have listed the c | ates and territories include ith you. List the person shown reditor on Schedule D (Official ledule E/F, or Schedule G to fill |
| out Colu | | | | | |
| | olumn 1: Your codebtor ne, Number, Street, City, State and ZI | P Code | | Column 2: The creditor Check all schedules the | or to whom you owe the debt |
| | | | | | at apply. |
| 3.1 | me | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line | |
| Nu | mber Street | | | | |
| City | | State | ZIP Code | | |
| | | | | _ | |
| 3.2 Na | me | | | Schedule D, line | |
| INdi | | | | ☐ Schedule E/F, line☐ Schedule G, line☐ | |
| KI | mhor Street | | | | |
| Nui City | mber Street | State | ZIP Code | | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 29 of 51

| SIII | in this information to identify your c | 200: | | | | | | | | |
|--------------------|--|------------------------------|---|--------------------|-------|-----------------------------|----------------------------|-----------------------------|--------------------------|-------------------|
| | btor 1 Susan M. Ri | | | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| (If kr | se number | | - | | | 13 in | mende ppleme ncome a | nt showing pas of the follo | | |
| _ | chedule I: Your Inc | ome | | | | MM | / DD/ Y | YYY | | 12/15 |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing w | ng jointly, and your ith you, do not inclu | spouse de infor | s liv | ring with yo on about yo | u, inclu our spo | ide informa use. If more | ition abou e space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | ebtor 2 | or non-filir | ng spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | Server | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Olive Garden | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Gurnee, IL 60031 | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Pai | rt 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write \$0 |) in the | space. Inclu | ide your no | n-filing |
| - | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | emple | oyers for tha | t persoi | n on the line | es below. If | you need |
| | | | | | | For Debto | r 1 | For Debto | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,17 | 3.00 | \$ | N/A | = |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |

2,173.00

N/A

Calculate gross Income. Add line 2 + line 3.

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 30 of 51

| Deb | tor 1 | Susan M. Rigney | - | С | ase i | number (<i>if k</i> | nown) | | | | |
|-----|-----------------------------|--|----------|-----|-----------|----------------------|-------|-----------|--------------------------|-------------|--------------------|
| | | | | | | Debtor 1 | | | or Debtor on-filing s | | |
| | Cop | by line 4 here | 4. | | \$ | 2,17 | 3.00 | \$_ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 500 | 0.00 | \$ | | N/A | \ |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | | 0.00 | \$ | | N/A | <u></u> |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$ | (| 0.00 | \$ | | N/A | <u>\</u> |
| | 5e. | Insurance | 5e | | \$ | | 0.00 | \$_ | | N/A | <u>\</u> |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | 0.00 | . \$_ | | N/A | _ |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | \$_ | | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$ | | 0.00 | - | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | | 0.00 | . \$_ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,59 | 3.00 | . \$_ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0- | | c | | | œ. | | | |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$_ \$ | | 0.00 | \$_ \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filling spouse, or a dependent | ου | ٠. | Φ | | 0.00 | Φ_ | | N/A | <u>\</u> |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | ·. | \$ | (| 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | | 0.00 | \$ | | N/A | \ |
| | 8e. | Social Security | 8e | ٠. | \$ | | 0.00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | \$_ | | N/A | |
| | 8g. | Pension or retirement income | 8g | | \$ | | 0.00 | \$_ | | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h | .+ | \$ | (| 0.00 | + \$_ | | N/A | <u>\</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | _ | (| 0.00 | \$_ | | N/ | Ά |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,593.00 | + \$ | | N/A | = \$ | 1,593.00 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ_ | | 1,000.00 | | | 17/7 | | 1,000.00 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | • | | • | Schedule | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | | | \$ | 1,593.00 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Comb | ined Ily income |
| | | No. | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 31 of 51

| E.II . | in this information | i'a a ta islaadii aa | | | | | | |
|---------------------|--|--|-------------------------------------|---|--|---------------|--------------------------------------|-------------------------------|
| FIII | in this informat | tion to identify yo | ur case: | | | | | |
| Debt | tor 1 | Susan M. Rig | ງney | | | | k if this is: | |
| Debt | tor 2 | | | | | _ | An amended filing A supplement show | ving postpetition chapter |
| | ouse, if filing) | | | | | | 13 expenses as of | |
| Unite | ed States Bankr | uptcy Court for the: | NORTI | HERN DISTRICT OF ILLIN | IOIS | 7 | MM / DD / YYYY | |
| Coo | a numbar | | | | | | | |
| l | e numbe r nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your I | Exper | ises | | | | 12/15 |
| Be a info nun | as complete a ormation. If mon mber (if know | and accurate as ore space is nee n). Answer ever | possible eded, atta y questio | . If two married people a ich another sheet to this | | | | |
| Part | Is this a join | ibe Your House | hold | | | | | |
| ١. | No. Go to | | | | | | | |
| | | | n a senar | ate household? | | | | |
| | □ No | | n a sepai | ate nousenoid. | | | | |
| | | | t file Offic | ial Form 106J-2, Expense | s for Separate House | hold of Debt | or 2. | |
| _ | | | _ | iai i 01111 1000 E, Exponios | o for Coparato Frouco | 71014 O. DOD. | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents i | names. | | | Son | | 2 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 3 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | <u></u> | Yes |
| | | | | | | | | □ No |
| 2 | De veur eve | anaaa inaluda | _ | | | | | ☐ Yes |
| 3. | | enses include people other th | han | No | | | | |
| | | d your depender | | Yes | | | | |
| Dort | t 2: Estima | ate Your Ongoir | na Manth | ly Evnances | | | | |
| Esti exp | imate your ex | penses as of yo | our bankr | uptcy filing date unless y y is filed. If this is a sup | | | | |
| | | | | government assistance cluded it on Schedule I: | | | ., | |
| (Off | icial Form 10 | 6I.) | | | | | Your expe | enses |
| 4. | | r home ownersl d any rent for the | | nses for your residence. or lot. | Include first mortgage | 4. \$ | | 700.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | , or renter | 's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home | maintenance, re | pair, and ı | upkeep expenses | | 4c. \$ | | 0.00 |
| | | owner's associati | | | | 4d. \$ | | 0.00 |
| 5. | Additional n | nortgage payme | ents for ve | our residence, such as ho | ome equity loans | 5. \$ | | 0.00 |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 32 of 51

| ebtor 1 | Susan M. Rigney | Case num | ber (if known) | |
|-----------------|---|-------------|----------------|------------------------|
| . Utili | ties: | | | |
| . 6a. | Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 63.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| | d and housekeeping supplies | 7. | · | 500.00 |
| | dcare and children's education costs | 7. 8. | \$ | |
| _ | | o. 9. | · | 0.00 |
| | hing, laundry, and dry cleaning | | \$ | 100.00 |
| | sonal care products and services | 10. | \$ | 0.00 |
| | lical and dental expenses | 11. | \$ | 0.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 300.00 |
| | not include car payments. | 13. | | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | | · - | 150.00 |
| | ritable contributions and religious donations | 14. | D | 0.00 |
| 5. Insu | | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 0.00 |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | | 90.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| _ | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | · | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | cify: | 19. | | |
|). Oth € | er real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Yo | ur Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| | | | | |
| . Otne | er: Specify: | 21. | +⊅ | 0.00 |
| 2. Calc | culate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 1,903.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | .,500.00 |
| | | | · | 4 000 00 |
| 22C. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,903.00 |
| 3. Calc | culate your monthly net income. | | l . | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,593.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 1,903.00 |
| 200. | Copy your monthly expended from line 220 above. | 200. | | 1,303.00 |
| 230 | Subtract your monthly expenses from your monthly income. | | | |
| 200. | The result is your <i>monthly net income</i> . | 23c. | \$ | -310.00 |
| | | | 1 | |
| | ou expect an increase or decrease in your expenses within the year after yo | u file this | form? | |
| 4. Do v | you expect all illerease of decrease ill your expelises within the year after yo | | | |
| | example, do you expect to finish paying for your car loan within the year or do you expect your | | | or decrease because of |
| For e | | | | or decrease because of |
| For e | example, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage? | | | or decrease because o |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 33 of 51

| Fill in this infor | mation to identify your | | | | | |
|---------------------------------|--|-----------------------------|--------------------------|--------------------------|--|-----|
| | | | | | | |
| Debtor 1 | Susan M. Rigney First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | |
| Official Form | | an Individual [| Debtor's Sc | hedules | 12 | /15 |
| | | | | | | |
| If two married po | eople are filing togethe | r, both are equally respons | ible for supplying cor | rect information. | | |
| obtaining mone | | n connection with a bankru | | | ement, concealing property, or 00, or imprisonment for up to 2 | |
| Sig | n Below | | | | | |
| Did you pa | y or agree to pay some | eone who is NOT an attorne | y to help you fill out b | pankruptcy forms? | | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice n, and Signature (Official Form 11 | |
| | alty of perjury, I declare te true and correct. | that I have read the summa | ary and schedules file | ed with this declaration | on and | |
| X /s/ Sus | san M. Rigney | | X | | | |
| Susan | M. Rigney ure of Debtor 1 | | Signature of | Debtor 2 | | |

Date

Date **June 30, 2016**

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 34 of 51

| Debtor 1 Susan M. Rigney Model None | | | | | | | |
|--|---------|------------------|---------------------------|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| Debtor 2 Coosee it first First Name | Fill i | n this inform | nation to identify you | r case: | | | |
| Debtor 2 Develop First Name Mode Name Law Name Law Name | Debt | or 1 | | | Last Name | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (It tournel) Check if this is an amended filing Check if | Debt | or 2 | | | | | |
| Case number Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy Afrate | (Spous | se if, filing) | First Name | Middle Name | Last Name | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 4/16 B as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Ilived there 1328 Kenmore Avenue Round Lake Beach, IL 60073 From 10: Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 From-To: Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Prom-To: No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Debtor 1 No Yes. Fill in the details. Patt 1 Sources of income (Check all that apply). Check If this is an amended filing Part 2 Sources of income (Check all that apply). The total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 2 Sources of income (Check all that apply). Gross income (Check all that apply). Bourses, upps | Unite | ed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 15 | Case | number | | | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Arried | (if kno | wn) | | | | - | |
| Be as complete and accurate as possible. If we married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 15 | | | | | | | amended filing |
| Be as complete and accurate as possible. If we married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 15 | O.(. | | 407 | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. | | | | Acceline controlled | desala Ellino Can B | | |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
| number (if known). Answer every question. Art 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
| 1. What is your current marital status? □ Married □ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Dived there Debtor 1 Same as Debtor 1 From-To: □ Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor 3 Same as Debtor 4 Same as Debtor 4 | | | | | and to the company | , aaamena pagee, mae ye | |
| Married Not married | Part | 1: Give D | etails About Your Ma | rital Status and Where You | ı Lived Before | | |
| Married Not married | 1. \ | Nhat is vour | · current marital statu | ıs? | | | |
| ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 □ Ilved there □ 1328 Kenmore Avenue Round Lake Beach, IL 60073 □ To 2014 □ Same as Debtor 1 □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 □ Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? □ If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. □ No □ Yes. Fill in the details. □ No □ Yes. Fill in the details. □ Debtor 1 □ Sources of income Check all that apply. □ Debtor 2 □ Sources of income Check all that apply. □ Sources of income Check all that apply. □ Wages, commissions, bonuses, tips □ Wages, commissions, bonuses, tips | | _ | | | | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: | | | riod | | | | |
| □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 □ Ived there □ 1328 Kenmore Avenue Round Lake Beach, IL 60073 □ To 2014 □ Same as Debtor 1 □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 □ Explain the Sources of Your Income □ And Yes any income from employment or from operating a business during this year or the two previous calendar years? □ If in the total amount of income you received from all jobs and all businesses, including part-time activities. □ No □ Yes. Fill in the details. □ Debtor 1 □ Sources of income (Defore deductions and exclusions) □ Wages, commissions, bonuses, tips □ Wages, commissions, bonuses, tips | | - Not mai | nea | | | | |
| Tyes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there | 2. I | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| Debtor 1 Prior Address: Dates Debtor 1 Ilved there Debtor 2 Prior Address: Dates Debtor 2 Ilved there | I | □ No | | | | | |
| Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 5 Same as Debtor 6 Same as Debtor 7 Same as Debtor 8 Same as Debtor 9 Same as Debtor 1 From-To: | ١ | Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | I. | |
| Round Lake Beach, IL 60073 To 2014 From-To: Round Lake Beach, IL 60073 To 2014 Round Lake Beach, IL 60073 Round Lake Round Lake Round In a community property state or territory? (Community property state | | Debtor 1 Pri | ior Address: | | Debtor 2 Prior Ac | dress: | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | | | | | ☐ Same as Debtor | 1 | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | 3. \ | Vithin the la | st 8 vears, did vou e | ver live with a spouse or led | gal equivalent in a commun | ity property state or territor | v? (Community property |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | states | and territori | es include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | ico, Texas, Washington and V | Visconsin.) |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | ı | No | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$13,040.00 Wages, commissions, bonuses, tips | I | _ | ke sure you fill out Scl | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$13,040.00 Wages, commissions, bonuses, tips | Part | 2 Evolai | n the Sources of You | r Income | | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) Wages, commissions, bonuses, tips | ıaıı | LAPIAN | in the Sources of Tou | - Income | | | |
| Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,040.00 Wages, commissions, bonuses, tips \$13,040.00 Debtor 2 Sources of income (before deductions and exclusions) Under the date you filed for bankruptcy: | F | Fill in the tota | l amount of income yo | u received from all jobs and a | all businesses, including part | time activities. | ndar years? |
| Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,040.00 Wages, commissions, bonuses, tips \$13,040.00 Debtor 2 Sources of income (before deductions and exclusions) Under the date you filed for bankruptcy: | | □ Na | • | • | • | | |
| Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Under the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Under the date you filed for bankruptcy: | | | in the details | | | | |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,040.00 | | _ 100.1111 | in the details. | | | | |
| Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. Check all that apply. (before deductions and exclusions) The date you filed for bankruptcy: Check all that apply. (before deductions and exclusions) Should be deductions and exclusions. Should be deductions and exclusions. Should be deductions and exclusions. Check all that apply. Check all that apply. Check all that apply. Check all that apply. Description of the deductions and exclusions. Check all that apply. Check all that a | | | | | One as in as we | | Ouena lu |
| the date you filed for bankruptcy: wages, commissions, bonuses, tips | | | | | (before deductions and | | (before deductions |
| ☐ Operating a business ☐ Operating a business | | | | | \$13,040.00 | _ | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Page 35 of 51 Document ase number (if known) Debtor 1 Susan M. Rigney Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$29,652.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$17,807.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

■ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|----------------------------------|------------------|-------------------|----------------------|--|
| Current monthly rental payments. | | \$0.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other |

| Del | otor 1 | Susan M. Rigney | Document F | age 36 of 51 | se number (if known) | | | |
|-----|--|---|---|---|--|---------------------------------|---|--|
| 7. | <i>Inside</i> of whi | In 1 year before you filed for bankruptcers include your relatives; any general partich you are an officer, director, person in ciness you operate as a sole proprietor. 11 ny. | tners; relatives of any gene control, or owner of 20% or | eral partners; partners of their voting | erships of which you g securities; and ar | u are a genera ny managing a | al partner; corporations agent, including one for | |
| | | No Yes. List all payments to an insider. der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | Within 1 year before you filed for ban insider? Include payments on debts guaranteed No | | | ments or transfer a | any property on ac | ccount of a d | ebt that benefited an | |
| | | Yes. List all payments to an insider der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| Par | rt 4: | Identify Legal Actions, Repossession | s, and Foreclosures | Pass | | | | |
| 9. | List al modif | in 1 year before you filed for bankrupto Il such matters, including personal injury of ications, and contract disputes. No Yes. Fill in the details. | cases, small claims actions | , divorces, collectio | | ctions, suppor | t or custody | |
| | Case title Court or agency Case number | | | | | Status of the case | | |
| 10. | Check | in 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, f | oreclosed, garnis | hed, attached | Value of the | |
| | | | Explain what happened | | | | property | |
| 11. | accor | in 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details. | | uding a bank or fir | nancial institution | , set off any a | amounts from your | |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date a | action was | Amount | |
| 12. | court | in 1 year before you filed for bankruptc t-appointed receiver, a custodian, or ar No Yes | | rty in the possess | ion of an assigned | e for the bene | efit of creditors, a | |
| Par | rt 5: | List Certain Gifts and Contributions | | | | | | |
| 13. | = 1 | in 2 years before you filed for bankrupt No Yes. Fill in the details for each gift. | cy, did you give any gifts | with a total value | of more than \$60 | 0 per person' | ? | |
| | Gifts | s with a total value of more than \$600 person | Describe the gifts | | Dates the gi | you gave fts | Value | |

Address:

Person to Whom You Gave the Gift and

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 37 of 51 Case number (if known)

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | |
|-----|--|-------------------|--|--------------|--|--------------------------|
| | Yes. Fill in the details for each gift or co | ontributi | on. | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | otcy or | since you filed for bankruptcy, did y | ou lose anyt | hing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lo the amount that insurance has paid. Li | ist pending | Date of your loss | Value of property lost |
| | | | ce claims on line 33 of Schedule A/B: I | Property. | | |
| Par | t 7: List Certain Payments or Transfers | i | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or purchase include any attorneys, bankruptcy petition p | reparir | ng a bankruptcy petition? | | | rty to anyone you |
| | No No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| | Magee Hartman, P.C. 444 North Cedar Lake Road | | Attorney Fees | | | \$950.00 |
| | Round Lake, IL 60073 bk@mageehartman.com | | | | | |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that No Yes. Fill in the details. | litors o | to make payments to your creditors | | r transfer any prope | rty to anyone who |
| | Yes. Fill in the details. Person Who Was Paid | | Description and value of any prope | w4. / | Data naumant | Amount of |
| | Address | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankry transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alre- | r busin made a | ess or financial affairs? as security (such as the granting of a se | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | _ | | _ |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | 3 | |

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 38 of 51 Case number (if known)

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | |
|-----|---|--|---|-------------|--|---|--|
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty tran | sferred | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposi | t Boxes, and St | torage Uni | ts | | |
| 20. | Within 1 year before you filed for bankrupto; sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes, Fill in the details. | or other financial accou | nts; certificates | s of depos | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| | Bank of America | xxxx- | ■ Checking □ Savings □ Money Ma □ Brokerage □ Other | | March, 2016 | \$400.00 | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. | • | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | |
| 23. | Do you hold or control any property that so for someone. | | ude any proper | rty you bor | rowed from, are storin | g for, or hold in trust | |
| | □ No ■ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | |
| | Sundance Sparks | codey | | 2014 Kia | a loaned to Debtor | \$0.00 | |
| Par | t 10: Give Details About Environmental Info | ormation | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 39 of 51

Debtor 1 Susan M. Rigney

regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Date of notice Environmental law, if you Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Court or agency Case Title Nature of the case Status of the **Case Number** Name case Address (Number, Street, City State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name Employer Identification number** Describe the nature of the business Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued

Part 12: Sign Below

Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Official Form 107

(Number, Street, City, State and ZIP Code)

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 40 of 51 Case number (if known)

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Mail Document Page 41 of 51

| Fill in this infor | Fill in this information to identify your case: | | | | | |
|------------------------|---|-------------------|-------------|--------------------------------------|--|--|
| Debtor 1 | Susan M. Rigney | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | <u>_</u> |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 42 of 51

| Debtor 1 | Susan M. Rigney | Case number (if ki | nown) |
|-----------------------|--|--|--|
| name: | | Retain the property and redeem it. | ☐ Yes |
| Descri | ption of | Retain the property and enter into a | |
| proper | • | Reaffirmation Agreement. Retain the property and [explain]: | |
| | ng debt: | | |
| Part 2 | List Your Unexpired Personal Prop | arty I aasas | |
| For any u | nexpired personal property lease thormation below. Do not list real esta | at you listed in Schedule G: Executory Contracts and Unex te leases. Unexpired leases are leases that are still in effec erty lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe | your unexpired personal property l | eases | Will the lease be assumed? |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have that is subject to an unexpired lease | indicated my intention about any property of my estate that | at secures a debt and any personal |
| X /s/ \$ | Susan M. Rigney | X | |
| | san M. Rigney nature of Debtor 1 | Signature of Debtor 2 | |
| Date | June 30, 2016 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-21321 Doc 1 Filed 06/30/16 Entered 06/30/16 15:41:10 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Susan M. Rigney | | Case No | | |
|----------------|---|--|---|---|------------------------|
| | - | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | RNEY FOR D | EBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplatio | ling of the petition in bankruptcy | y, or agreed to be pa | d to me, for services re | |
| | For legal services, I have agreed to accept | | \$ | 1,600.00 | |
| | Prior to the filing of this statement I have receive | | | 582.00 | |
| | Balance Due | | \$ | 1,018.00 | |
| 2. \$ | \$335.00 of the filing fee has been paid. | | | | |
| 3. Т | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. l | ■ I have not agreed to share the above-disclosed cor | mpensation with any other person | n unless they are me | mbers and associates o | of my law firm. |
| I | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the r | | | | law firm. A |
| 6.] | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | cts of the bankruptcy | case, including: | |
| t c | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicate for payment of balance due, representant and any adjourned hearings thereof. | tatement of affairs and plan which litors and confirmation hearing, and reduce to market value; extions as needed; Upon conf | th may be required; and any adjourned he cemption plannin irmation of writte | earings thereof; g; preparation and n Post-Petition Fee | filing of Agreement |
| 7. I | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any cany other adversary proceeding. | fee does not include the following dischargeability actions, jud | ng service: licial lien avoidar | ces, relief from sta | y actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of annkruptcy proceeding. | any agreement or arrangement fo | or payment to me for | representation of the | debtor(s) in |
| Ju | une 30, 2016 | /s/ James T. Mag | gee | | |
| D_{ϵ} | Date | James T. Magee Signature of Attorn | | | |
| | | Magee Hartman, | | | |
| | | 444 North Cedar | Lake Road | | |
| | | Round Lake, IL (| 60073 Fax: (847) 546-83 | 00 | |
| | | bk@mageehartn | · , | 3 0 | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Susan M. Rigney | | Case No. | |
|-------|--|---|-------------------------------|--------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 21 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and correct to th | e best of my |
| Date: | June 30, 2016 | /s/ Susan M. Rigney Susan M. Rigney Signature of Debtor | | |

Aaron Siegel, M.D. 1 South Greenleaf Street Gurnee, IL 60031

ACL, Inc. c/o Falls Collection Service P. O. Box 668 Germantown, WI 53022

Advocate Condell Medical Center 801 South Milwaukee Avenue Libertyville, IL 60048

Allergy & Asthma Consultants 36100 North Brookside Drive, #203 Gurnee, IL 60031

Chase Auto Finance National Bankruptcy Dept P. O. Box 29506 Phoenix, AZ 85038

Check N' Go 524 East Rollins Road Round Lake Beach, IL 60073

Childrens Hospital of Wisconsin 8915 West Connell Court Milwaukee, WI 53226

Childrens Urology Health Part c/o Merchants Credit 223 West Jackson Blvd., #700 Chicago, IL 60606

College of Lake County 19351 West Washington Street Grayslake, IL 60030

ComEd 2100 Swift Drive Oak Brook, IL 60523 First Premier Bank 601 S. Minneapolis Avenue Sioux Falls, SD 57104

Global Medical Imaging S.C. c/o Certified Services, Inc. P. O. Box 177
Waukegan, IL 60079

Grayslake Emergency Center 1475 East Belvidere Road Grayslake, IL 60030

Illinois Lending Corporation 813 East Rollins Road Round Lake Beach, IL 60073

Lake County Acute Care 4350 Fowler Street, #15 Fort Myers, FL 33901

Lake Forest Hospital 1475 East Belvidere Road Grayslake, IL 60030

New Berlin Pulmonary Clinic 4855 South Moorland Road New Berlin, WI 53151

Northwestern Medicine 28155 Network Place Chicago, IL 60673

T-Mobile
Bankruptcy Team
P. O. Box 53410
Bellevue, WA 98015

Vista Medical Center 1324 North Sheridan Road Waukegan, IL 60085 Waste Management Retail c/o Receivable Mgmt Serv 240 Emery Street Bethlehem, PA 18015